

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/10/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/6/2013
Date of Injury:	11/30/1993
IMR Application Received:	8/8/2013
MAXIMUS Case Number:	CM13-0008881

- 1) MAXIMUS Federal Services, Inc. has determined the request for **drug screening is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/8/2013 disputing the Utilization Review Denial dated 8/6/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/10/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **drug screening is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The Expert Reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and treatments and/or services at issue.

Expert Reviewer Case Summary:

The patient is a 77 year old male who reported an injury on 11/30/1993. He had on operation on 09/14/2012 which consisted of arthroscopy of the right knee with partial medial and lateral meniscectomy and a left shoulder rotator cuff repair on 05/01/2013. He has a history of lumbar disc disease, lumbar facet syndrome, cervical disc disease, impingement syndrome, bilateral shoulders, right carpal tunnel syndrome, bilateral wrist sprains, right knee osteoarthritis, and status post right knee arthroscopy. He has been treated with home exercises, pain medications, including oxycodone for his axial spine pain and soma for muscle spasms, and some physical therapy, however patient was unable to do much due to pain. The patient is seen by physicians frequently with complaints of neck pain, bilateral shoulder pain, and low back pain radiating down both legs and decreased range of motion.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records from:
 - Claims Administrator
 - Employee/Employee Representative
 - Provider

1) Regarding the request for drug screening:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Treatment Guidelines which is part of the MTUS and the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the ACOEM, Chronic Pain, Opioids, which is not part of the MTUS and the Chronic Pain Medical Treatment Guidelines, Drug Testing Section, pages 43 and 78, which is part of the MTUS.

Rationale for the Decision:

The employee is currently being treated for chronic pain related to various medical problems. The employee's medications list includes Oxycodone, Soma, Lidoderm, and Nexium. The employee's most recent urine drug test was 07/02/2013. In the medical records provided for review it was noted that the urine drug screen was inconsistent. The medical records also stated that the employee's primary physician was "apparently" giving him butalbital for headaches and restoril for sleep, and the medical records noted that he was "not too concerned about abuse issues". According to California MTUS guidelines, urine drug testing is recommended if there are issues of abuse, addiction, or poor pain control. The ACOEM does recommend routine testing for patients on chronic opioids, as there is evidence that urine drug screens can identify aberrant opioid use and use of other substances. Frequency is recommended as at least twice, and up to 4 times per year, and this should be based on "for cause," testing more frequently on those patients who are noted to be higher risk for abuse. The employee's record does not contain much documentation regarding the employee's pain control, except noting the employee's pain score at the beginning of each note, usually 8/10 and stating that the medications allow the employee to get out of bed and do some walking. There is no documentation regarding the employee's screening for addiction or abuse issues, except when the physician noted that he was "not too concerned" about abuse. This statement would indicate that the employee is "low-risk" and according ACOEM "for cause" guidelines, testing should only be done twice yearly. The employee's previous urine drug test was 03/12/2013; therefore, the request for a urine drug test on 07/02/2013 does not meet guideline criteria. **The request for drug screening is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/jr

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.